



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
406 444-3134

TRS Office Use Only

**REQUEST FOR AN
ESTIMATE OF BENEFITS**

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

(Member's Printed Name)

_____-_____-_____
(Social Security Number)

(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

(Area Code and Telephone Number)

(Date of Birth)

Estimates are provided as a service to our members. Please remember this is only an estimate. Your estimated benefit amount will be calculated under all of the options available, as well as the three options available with regard to the use of termination pay.

(Member's Primary Beneficiary's Name)

(Member's Primary Beneficiary's Date of Birth)

\$ _____
(Final Year Contract Amount)

\$ _____
(Other Compensation *)

\$ _____
(Termination Pay Amount **)

(Termination Date)

(Effective Retirement Date ***)

* Other Compensation may include, but is not limited to, summer school, driver's education, coaching, etc.

** Termination Pay includes any form of lump-sum payment for deferred compensation, sick leave, vacation, or any other payment for time not worked other than compensation received while on sick leave or authorized leave of absence. It can also include earnings which may exceed the ten percent statutory cap.

*** Your effective retirement date can be no sooner than the first day of the month following your termination date or last working day.

If your retirement date is not in the current fiscal year, please provide projections of what your three highest consecutive years' salaries will be at the time of retirement:

\$ _____	\$ _____	\$ _____
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(Member's Signature)

(Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST